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Bib Data Sheet

CONFIRMATION NO. 2936

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/516,447 | <b>FILING OR 371(c)<br/>DATE</b><br>11/29/2004<br><b>RULE</b> | <b>CLASS</b><br>285 | <b>GROUP ART UNIT</b><br>3679 | <b>ATTORNEY<br/>DOCKET NO.</b><br>7031P007 |
|------------------------------------|---|---------------------|-------------------------------|--|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/IL02/00427 05/30/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

|   |                                       |                                |                               |                                    |
|---|---------------------------------------|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no  | <b>STATE OR<br/>COUNTRY</b><br>ISRAEL | <b>SHEETS<br/>DRAWING</b><br>8 | <b>TOTAL<br/>CLAIMS</b><br>20 | <b>INDEPENDENT<br/>CLAIMS</b><br>1 |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                                       |                                |                               |                                    |
| Verified and<br>Acknowledged  | Examiner's Signature                  | Initials                       |                               |                                    |

## ADDRESS

08791

## TITLE

Pipe coupling

|                                       |   |   |
|---------------------------------------|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>950 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                                 |
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